

*This is a compilation of Q&A from the trainings that have been held, questions that have come in from [COVID19questions@bop.gov](mailto:COVID19questions@bop.gov), and elsewhere. Questions that are new or updated from previous versions have been highlighted.*

## Vaccine and Supplies Storage & Handling:

What is the Ultra-Low Temperature (ULT) range? **It is -70 °C, with an acceptable range of -60 to -80 °C.**

If the freezer is available instead of a refrigerator, can we store it in the regular freezer vs a refrigerator? **COVID-19 vaccines cannot be stored in a standard freezer.**

Do we need to open/inspect the vaccine shipping container the day it arrives? **Yes. Upon receipt of vaccine, sites must immediately inspect the vaccine for damage then place into refrigeration storage (2°C to 8°C [36°F to 46°F]) as soon as feasible. If there is a delay of more than 2 hours from receipt to refrigeration, Central Office must be notified.**

Are there limitations on opening/closing the refrigerator for vaccine stability? **Not on the refrigerator, but there are limitations on the cold shipper box. The CDC has great information on vaccine storage and handling. It includes which shelves to use and how to arrange them within the fridge. It's important to note those recommendations apply to ALL vaccines.**

**CDC vaccine storage requirements are available here:**

**<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>**

Should thawing before reconstitution be done under refrigeration or at room temperature? When the vaccine comes out of the fridge, do you have to wait 30 min for it to reach room temp or is it considered thawed when it comes out of the fridge? **Prior to reconstitution, the vaccine can be moved to room temperature either from the refrigerator or directly from the frozen shipper.**

If you take a vial out of fridge to give to a patient and they refuse at the last minute, can we put back in fridge? **No, you cannot return a vial to the refrigerator after removal and should follow the CDC guidance for how long the vaccine may remain at room temperature**

Our executive staff recommended that we give vaccinations in the visiting room since all staff will go by it either entering or leaving the building. What are your thoughts on this? **The vaccine can be stored in the cold shipper during administration as long as temperature ranges remain within the required range of (2 – 8°C) during vaccination clinic events.**

Can cold shippers be used for vaccination clinics? **Yes, cold shippers and temperature data loggers should be utilized to ensure and track maintenance of refrigerated temperatures (2 – 8°C) during vaccination clinic events.**



In response to the fact that vaccine must be used within a limited time frame: How is this being tracked? The institution Vaccine Point of Contacts (VPOC) are responsible for vaccine storage and ensuring appropriate storage and tracking. Temperature data loggers were shipped with cold shippers to all institutions. The temperature data log files created by the data loggers will serve as record of storage temps and can be plugged into a USB drive and are already approved for use in BOP computers.

Will inventory be separated between inmate and staff, like with Flu? No

**Updated 11/2/21** – Are there protocols for waste if we have to? The primary objective is to not have waste. Doing so would not only limit the number of people being protected, but the institution would need to be able to explain the reason for the waste to subsequent auditors. However, vaccinations should not be held in the attempt to schedule enough people to avoid waste. Vaccine waste due to less persons to vaccinate than doses in the vial is considered “rational waste” and expected.

**Updated 11/2/21** - If an institution has left over vaccine after vaccinating staff and inmates, what should the institution do with it? If you anticipate leftover vaccine or have vaccine nearing its expiration date, it is essential to coordinate with CAPT Crockett to reduce waste.

Does the diluent of the Pfizer product need to be refrigerated? No

What is included in the ancillary kits? Syringes, needles for reconstitution and administration, diluent, vaccine administration cards, and a limited amount of PPE (face shields and gowns) will be included in the kits. Not included are gloves (the CDC does not recommend gloves when administering vaccinations) and sharps containers.

Do syringes ship with the vaccine at the same time? Ancillary kits, including syringes, will arrive before or on the same day as the vaccine.

What is the inventory process be for the kits? All sharps received in kits must be inventoried and accounted for per BOP policy.



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## Vaccine 3<sup>rd</sup> Dose and Booster Questions:

**NEW** Are booster or 3<sup>rd</sup> doses mandatory? **No, booster and 3<sup>rd</sup> doses are recommended but not required.**

**UPDATED** Will the BOP be giving boosters for staff? **Staff who have completed a primary vaccination series, wish to receive a booster vaccination and have met the required time frames per the vaccine EUAs may receive the vaccine from their local institution, if available, or from community resources.**

**UPDATED** Will the BOP be giving booster doses for inmates? **Inmates who have completed a primary vaccination series, wish to receive a booster vaccination and have met the required time frames per the vaccine EUAs may receive the vaccine from their local institution.**

**UPDATED** I have a staff member or inmate who completed their 2-dose series with Pfizer. I only have Moderna on hand, can I give them Moderna for their booster? **Yes, per the Pfizer, Moderna and Janssen EUAs, vaccine for booster doses may be "mixed and matched".**

Can an immunocompromised staff get a third dose from the BOP? **The BOP is not providing third dose vaccinations for staff who believe they are immunocompromised. Staff that feel that they may qualify for a third dose should discuss with their personal medical providers and, if indicated, should get the vaccine from an outside provider.**

Will the BOP be giving third doses for inmates? **Inmates who are immunocompromised and received either the Moderna or Pfizer vaccine series will be offered a third dose of the same vaccine product as for the first two doses, administered at least 28 days after completion of the initial 2-dose series.**

How do I know which immunocompromised inmates need a third dose? **Refer to the BOP COVID-19 Vaccine Guidance and COVID-19 Vaccine dashboard for a list of qualifications for a third dose and inmates that meet this criteria.**

**UPDATED** I have an inmate that got the Janssen vaccine. She is now requesting an mRNA vaccine because she's afraid the Janssen vaccine is not as effective. Can I give her the mRNA series? **Per the Janssen EUA, if it has been at least 2 months since the primary Janssen vaccine, the inmate may get a booster dose of any of the three available vaccines.**

**NEW** Since the Moderna booster dose is only 0.25mLs, can the CFAD ship me 1 mL syringes rather than 3mL? The CFAD will ship the syringes they receive in the vaccine auxiliary kits which may include additional 1 mL syringes. When possible, please use 3 mL syringes for extraction of primary series doses to ensure you have an adequate supply of 1 mL syringes to support extraction of booster doses from a Moderna vial. Do not puncture the vial stopper more than 20 times. If any additional syringes are needed, the institution will need to provide these.



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## **VAMS, VPOP and VPOCs**

What is the web address to register for the VAMS account? [VAMS administrators are registered by Central Office and receive log in information via email.](#)

Who can be listed as VAMS site administrators? [VAMS Administrators may be of non-clinical background. Healthcare Professional users in VAMS \(those administering the vaccine\), are required to be clinically credentialed to administer vaccines.](#)

What is the limit on VAMS administrators per institution? How many people from one institution can assist in administering VAMS? [One person will initially be assigned the VAMS administrator role and, if necessary, can reassign a new or additional VAMS Administrator to assist. We recommend 1-2 Administrators for a site at any given time. If a new VAMS Administrator will replace the initial VAMS Administrator, the newly assigned Administrator will need to remove the initially assigned Administrator from that role.](#)

Is there a testing site for VAMS, so we could practice on the steps? [Refer to the videos on Sallyport.](#)

[VAMS - How to Download Data to Excel](#)

[VAMS - How to Document a Vaccine](#)

[VAMS - How to Manually Add a Vaccine Recipient](#)

[VAMS - How to Set up a VAMS Clinic](#)

[VAMS - How to Activate Your Account](#)

[VAMS - How to Manage Vaccine Inventory](#)

Can we access the Chrome browser on BOP computers or should Microsoft Edge be used to access VAMS? [VAMS is only compatible with the most current stable version of Edge, Chrome, Mozilla Firefox and Safari.](#)

How do you do a mail merge? [Email the BEMR team for assistance BOP-HSD-HealthInformatics@bop.gov.](#)

Is the VAMS POC different from the vaccine POC? [Yes. In most cases, it is recommended that the VAMS site administrator should not be the same person as the VPOC.](#)

A previous slide said that VAMS will be used to track inmates and staff. Is this correct? [VAMS is only used for staff vaccine documentation. Inmate vaccinations will be documented in BEMR. The CDC will received de-identified information for both staff and inmate vaccinations.](#)



What BOP systems (BEMR, Dashboards), if any, “talk” to VAMS? *No systems will be talking to VAMS.*

Does the employee administration need to be documented at the time of administration or can we do it later utilizing the consents forms as reference? *It is best practice to use VAMS at the time of administration. Vaccine recipients are pre-populated at all institutions, and the BOP consent form will capture all vaccine details, therefore planning immunization clinics to ensure same-day data entry in VAMS vs real-time is acceptable.*

**NOTE:** all date entries in VAMS default to current date, there is no calendar drop down option. Entering after the fact may cause incorrect date entries and an incorrect date for the Next Eligibility Dose in VAMS.

Can persons who are not giving the vaccine document administration in BEMR? *No, BEMR is the BOP legal health record for inmates, only credentialed staff as outlined in their statement of work and policy may document vaccine administration in BEMR.*

Can a pharmacy technician document the **staff** vaccine in **VAMS**? *VAMS data entry may be done by a pharmacy technician if they are assigned the role of *VAMS Health Professional*.*

Who can enter the employee vaccination information, *VAMS Administrator* or the *VAMS Health Professional* giving the vaccine? *A person assigned the role of *Administrator* does not have the ability to enter vaccine information in VAMS. A person assigned the role of *Health Professional* can enter data in each employee’s record in VAMS. The *Health Professional* does not have to be the person who administered the vaccine. If you will be doing both functions, both roles must be assigned to you.*

Does the data entry have to be completed by HCP who vaccinated the recipient? (Are you able to choose a non-clinical employee to log vaccine administration?) *Not in BEMR, but in VAMS there is flexibility. It is recommended that the *Healthcare Professional* is the individual documenting vaccines, at the time of vaccination. If another non-clinical employee will help enter vaccine administration in VAMS, he/she must have the *Health Professional* role assigned to their user account.*

Can persons who are not giving the vaccine document administration in VAMS for employees? *Yes, another individual may assist with vaccine documentation in VAMS.*

Is the VAMS system just for the BOP to enter data into or will the general public (hospitals, clinics, etc.) be entering data as well? The concern I have is that each institution is providing staff information (which I know will be stripped of PII prior to sending to CDC), that could potentially become compromised. *BOP VAMS information will only be visible to the BOP and the general public will not have access to the BOP VAMS account. Reporting of vaccination administration to the CDC is required for every person in the US receiving a COVID-19 vaccine. All information is de-identified prior to submission to the CDC.*



Will Central Office receive de-identified data regarding employees that get the vaccine? **Yes.** Central Office will have access to numerical statistical data only to identify uptake trends.

If the CDC is monitoring the VAMS system for staff, will they be monitoring BEMR for the inmates? The BOP will provide the CDC with de-identified data for both staff and inmates that has had all personally identifiable information redacted.

For inventory purposes - is the VAMS website different from VPOP? Is the vaccine inventory going to be managed in the VPOP and VAMS simultaneously? Both sites require inventory entry, however VPOP also accounts for waste and is where order requests for additional vaccine will be entered.

**NEW** Since the Moderna booster dose is half of the regular dose, how do I enter the inventory in VAMS or VPOP? Reporting inventory and wastage will not be affected by the use of half-dose booster. To facilitate reporting, continue to manage inventory and wastage using whole doses.

For example: During a full day in a clinic, 1 primary dose is administered, and 5 booster half-doses are administered from a Moderna 14 vial.

- COUNT the total number of doses administered, regardless of volume or series and subtract this from the total number of identified doses in the vial. For a Moderna 14 dose vial, a total of 6 people are vaccinated (1 primary and 5 booster shots);  $14 - 6 = 8$  doses wasted.
- Vial size – number of vaccines administered = waste

Will the VPOC also be managing inventory in the VAMS system? No. VPOC and VAMS inventory are different systems. A VPOC may also be assigned as a Clinic Inventory Manager in VAMS, however, this is not a requirement. The clinic administrator in VAMS must enter the amount of vaccines available to complete documentation.

If vaccine waste is not mandatory to log in VAMS, won't the system believe you have more vaccine on hand than you currently have? Is this inventory supposed to be accurate and adjusted every time you receive a shipment? VPOP is the primary vaccine inventory system requiring precise inventory management. VAMS inventory is required in order to document vaccine administration. VAMS does not require the same accuracy as VPOP, however, accuracy should be maintained to the best of ability. Additional guidance is being developed and will be distributed to the field for further clarification.

What is the estimated time to record an employee's vaccine administration information? It is anticipated to plan for 3-5 minutes per individual.

Will the Immunization Information Systems (IIS) off-line vaccine administration documentation tool from the CDC be available? The BOP is not using the CDC IIS immunization tool for COVID-19 vaccine. We are using VAMS from the CDC for staff documentation, and BEMR for inmate documentation.





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## Consents and Declinations

**UPDATED 9-29-21** - Where can I get the informed consent forms for employees and inmates to sign? [Employee and inmate consents have been posted to Sallyport. Inmate consents are also available through BEMR. It's important that institutions verify that they are using the most recent version of the consent form as they are regularly updated as CDC guidance changes.](#)

**NEW 10-5-21** – A staff member states that they will take the vaccine but refuses to sign the consent because the vaccine is not voluntary. Can I still give them the vaccine? [The consent is a medico-legal document and signature verifying they understand the risks and benefits of the vaccine is required prior to vaccination. If an employee refuses to sign the consent, they cannot be vaccinated.](#)

What if an employee refuses the vaccination, and also refuses to sign the declination? [Another employee should sign as a witness to the refusal.](#)

If someone answers “yes” to any of the screening questions on the consent, is it an absolute contraindication to vaccination? [Refer to the BOP COVID-19 Vaccine Guidance for contraindications and precautions to vaccination.](#)

Will a specific hard copy consent form need to be signed by the employee and placed in their employee health file? Along with VAMS completion? [Yes, the hard copy consent or declination should be put in the employee file. A copy may be provided to the employee upon their request. Employees will also be given a completed vaccine card.](#)

Will there be an option for individuals who already had COVID-19 to check something like "previously diagnosed (+) for COVID-19" to designate purpose of refusal. [No, the CDC recommends vaccination for persons with a history of COVID-19 infection.](#)

Is there be a VIS (vaccine information statement) form? [Yes. The EUA Fact Sheet for Recipients and Caregivers serves as the VIS.](#)

Do we have to get a refusal to account for every inmate? What if the inmates refuse the second dose? [An inmate declination is required for every first dose. If the inmate accepts the first dose and then refuses the second, a declination is required for the second dose.](#)



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## Vaccine 3<sup>rd</sup> Dose Questions:

Will the BOP be giving third doses for staff? Staff who received a Pfizer vaccination series and wish to receive a Pfizer COVID-19 booster vaccination may receive the vaccine from their local institution, if available, or from community resources. Staff who received a Moderna vaccination series and believe they may qualify for a third dose should be referred to their personal health care provider. At this time, there are no additional doses approved for the Janssen vaccine.

Can an immunocompromised staff get a third dose from the BOP? Because the recommendation for third doses of the Moderna vaccine are only for persons with certain medical conditions, the BOP is not providing third dose Moderna vaccinations for staff. Staff that feel that they may qualify for a third dose should discuss with their personal medical providers and, if indicated, should get the vaccine from an outside provider.

Will the BOP be giving third doses for inmates? Inmates who are immunocompromised and received either the Moderna or Pfizer vaccine series will be offered a third dose of the same vaccine product as for the first two doses, administered at least 28 days after completion of the initial 2-dose series.

Will the BOP be giving booster doses for inmates? Inmates who are not immunocompromised and received the Pfizer vaccine series will be offered a booster at least 6 months after their second dose.

How do I know if an inmates is due for a booster? The BOP dashboard has been updated to include information regarding booster doses.

How do I know which immunocompromised inmates need a third dose? Refer to the BOP COVID-19 Vaccine Guidance and COVID-19 Vaccine dashboard for a list of qualifications for a booster dose and inmates that meet this criteria.

I have a staff member or inmate who completed their 2-dose series with Pfizer. I only have Moderna on hand, can I give them Moderna for their third dose? No, the CDC states that the same mRNA vaccine as the original series should be used. If that vaccine is not in stock at your institution, it may be requested through the CFAD during your assigned week. If the original product is unknown, either mRNA vaccine may be administered.



## COVID-19 Vaccine Third Dose & Booster FAQ

Version 1.0, September 29, 2021

I have an immunocompromised inmate who received the J&J vaccine. Do they need a 2<sup>nd</sup> dose?

No, additional doses are only approved through the Emergency Use Authorization for persons who previously completed an mRNA vaccine (Pfizer or Moderna).

If J&J does not require a 2<sup>nd</sup> dose, does this mean it's more effective? No, currently there is insufficient data to demonstrate a decreased immune response after J&J vaccine among immunocompromised persons but there is no data to show superiority of J&J vaccine either.

I have an inmate that got the J&J vaccine. She is now requesting an mRNA vaccine because she's afraid the J&J vaccine is not as effective. Can I give her the mRNA series? Can I give her a 2<sup>nd</sup> dose of mRNA vaccine? No mRNA vaccines should be given. The EUA does not approve giving an mRNA vaccine after vaccination with J&J. Doing so would be off-label and unauthorized under the terms of the EUA.

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## **Staff Related**

**NEW 9-29-2021** – When do staff need to be fully vaccinated by? [Per the memo issued by the Director \(available on the Sallyport COVID-19 resources page\)](#), staff should be fully vaccine by November 22, 2021. This means that staff getting the Moderna vaccine should get their first dose no later than October 11, 2021. Staff getting the Pfizer vaccine should get their first dose no later than October 18, 2021. Staff getting the Johnson and Johnson vaccine should get their dose by November 8, 2021.

**NEW 9-29-2021** – I got vaccinated at a local pharmacy. How do I report that information to the BOP? [An electronic portal will be used to report vaccination. Additional instructions will be provided when the portal is active.](#)

**NEW 9-29-2021** – How do I request a reasonable accommodation for a medical exemption or religious waiver? [Per the memo issued by the Director \(available on the Sallyport COVID-19 resources page\)](#), staff should notify their supervisor or local Human Resource Office as soon as possible, but no later than October 18, 2021.

**UPDATED 9-29-2021** - What happens if the staff member is on leave when their 2nd dose is needed? [If a staff member gets the first and they are on leave for the second, they should receive the dose as soon as possible upon their return back to work.](#)

Is there any guidance on minimizing waste caused by staff who get the first dose but not the second dose due to not being scheduled for work on the 21st day? [All attempts should be made to administer the second dose within the required timeframe.](#)

**UPDATED 9-29-2021** - Should staff continue to come to work if experiencing symptoms from post-vaccination response? [If symptoms would not otherwise prevent an employee from reporting to work, yes. Administrative leave will be authorized for staff who have an adverse reaction to the vaccination \(up to 16 hours per dose\).](#)

In the event a staff member gets the first dose here, but retires before the second dose, will they be authorized to come back after retirement to get the second dose here? [Yes, if staff retires after their first dose, they may return to the institution where they got their first dose in order to get their second.](#)

If high risk staff on TJMs or on weather and safety leave receive the vaccine, will they be able to return to work? If staff on TJM due to COVID risk factors refuse, will at some point a fitness for duty be a consideration? [Staff who are on COVID-19 related TJMs or on Weather & Safety leave will be returned to regular duty one month after their second dose of vaccine has been](#)



received. However, all staff have to continue to exercise usual safety precautions to include hand washing, wearing of face covering, and keeping distance from others until further direction is received from the CDC.

Can staff on TJM receive the vaccine? Yes, HR should notify every staff person on COVID-19 related TJM when the vaccine becomes available and allow them the opportunity to receive the vaccine.

**UPDATED 9-29-2021** - Can staff choose which vaccine they receive? We cannot ensure which vaccine an institution will have available. If staff wish to receive a vaccine that is not in stock at their institution, they are encouraged to obtain the vaccination through an outside provider.

**UPDATED 9-29-2021** - Will this vaccine be mandatory for PHS officers? Yes. Guidance has been provided by Commissioned Corps Headquarters.

If staff are TDY, will they receive their dose at their TDY institution? Due to the need to receive the second dose of the same manufacturer, individuals are recommended to receive all doses at their home institution.

In such case, where you are getting vaccine from other than home institution, that particular staff will have VAMS file in both institution? (I.e. home and TDY institution VAMS?) Due to the need to receive the second dose of the same manufacturer, individuals are recommended to receive all doses at their home institution.

Can an employee from a nearby institution volunteer at a vaccination site and possibly get vaccinated also. This would have to be agreed upon between institution Wardens as a TDY. Due to the need to receive the second dose of the same manufacturer, individuals are recommended to receive all doses at their home institution.

Will the vaccine be offered to BOP contractors? Yes. All contractors working in a BOP-managed institution or administrative office may be vaccinated.

What should an institution do if a staff person gets their first dose at another location (health department, VA location, military base, etc.)? The staff person should bring in a copy of their vaccination card to be filed in their employee health record. Employees who receive their 1<sup>st</sup> dose at another location should go back to that same location to receive their 2nd dose.



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## Vaccine Administration & Documentation:

**NEW 11/2/21** – Should booster doses or 3<sup>rd</sup> doses be documented in the flow sheet? **Yes**, booster doses and 3<sup>rd</sup> doses should be recorded in the inmate flow sheet as dose 3 following an mRNA primary series or dose 2 following a Janssen primary series.

**NEW 11/2/21** – Can inmates be given a CDC vaccination card before release? Is a medical records request required? **Institutions should provide inmates a completed vaccination card and a printed report of their immunization records (retrieved from the flow sheet) prior to their release in order to provide them proof of vaccination. A formal medical records request is not required.**

**NEW 11/2/21** – For inmates with a history of COVID-19 vaccine recorded in their flow sheet, do we need to fill out and provide them a CDC vaccination card? **If the vaccine was not given by the BOP, we cannot fill out and provide a CDC vaccination card. The inmate will need to follow-up with the location where they received their vaccination to get their card. If any documentation was provided to the institution verifying the inmate's vaccination status, that information can be printed and provided to the inmate upon release.**

Can dental assistants administer the COVID-19 vaccine? What about Medical Assistants? Contract Dentists? **Dental assistants, dental hygienists, and contract dentists have not been approved to administer COVID-19 vaccines. Certified Medical Assistants with appropriate training and documentation may administer injections/immunizations.**

Will contractors assist with immunizing staff and inmates? **Contractors authorized to administer other vaccines (influenza, hepatitis, etc.) may also administer COVID-19 vaccines with documented competency.**

Can BOP pharmacy technicians give vaccines? **Yes, with appropriate training and documentation in the credential file.**

Are LVNs able to vaccinate? **If their Position Description states they can administer injections, yes.**

Do we need a full set of vital signs for the note in the employee medical record? **No note is required in the employee medical record. Only the completed consent or declination is required.**



Are there any objections to allowing the Department of Public Health to assist with administering vaccinations? [This should be discussed on a case-by-case basis with Institution and Regional HSAs and Regional Medical Directors.](#)

Will administrative facilities be responsible for administering to inmates that are in other facilities (e.g. inmates held in county jails, etc.)? [No, inmates that are not in a BOP managed facility will fall under county or state allotments and will receive vaccine through those counties and states.](#)

Are MDC and MCCs expected to vaccinate USMS patients? A-PRE and A-HOLD USMS inmates? [Yes. However, if a USMS inmate is in a known short-term holdover status, a case could be made to wait to vaccinate them until they arrive at a more permanent destination.](#)

Will inmates in halfway houses be eligible to receive the vaccine as well? [All individuals in the US are eligible to receive the vaccine. Inmates that are not in a BOP-managed facility will fall under county or state allotments.](#)

If an individual is in quarantine or isolation for COVID, can they receive the vaccine? [Individuals in medical isolation should not be vaccinated until they have met criteria for release from medical isolation. There is no minimal interval between infection and vaccination. Inmates in quarantine \(intake, exposure or release\) may be vaccinated. Using quarantine as an opportunity to vaccinate and achieve immunity can be beneficial in limiting transmission and outbreaks.](#)

Would Planning Sections Teams established at each institution be valuable for the vaccination process? [A multidisciplinary team approach is recommended and as many staff as able should be included in the planning process to ensure a successful vaccination campaign.](#)

Will a medical hold be placed on the inmates once they receive first dose? [Yes. A medical hold will be placed on inmates following the first dose of the vaccine. The medical hold should remain in place after the first dose until the second dose is given, even if the inmate says they refuse the second dose. In other words, they would need to refuse on the day the second dose is due so they have every opportunity to receive it. If an inmate is released, they should be provided the vaccination administration card in order to obtain the second dose in the community.](#)

Along with that, what about inmates releasing before the 21 or 28 days? Halfway house? Transfer/writ? [A medical hold is placed on inmates after their first dose of COVID vaccine and they should not be transferred until they receive their second dose. However, in some situations \(e.g. immediate releases, GCT/FT releases, and court-mandated moves\) the inmate can no longer be held at that facility and must be released. If an inmate is released or sent to RRC, institutions will have to provide the vaccination administration card with the exit summary. If an inmate wishes to refuse the 2<sup>nd</sup> dose they should still be under the medical hold until after the 2<sup>nd</sup> dose is due.](#)



From start to finish approximately how long does it take to complete the entire vaccination process for one person including all preparatory steps, fact sheet review and data entry? [It is anticipated to plan for 3-5 minutes per individual.](#)

Once we have vaccinated all staff and inmates, how long will we continue to offer the vaccine to inmates that are new to the BOP and staff that are new? [Vaccine will be offered as long as the CDC recommends it.](#)

Do staff reporting adverse reactions need to be reported thru the P&T adverse reaction system? [Staff adverse events must be reported through employee health and the Vaccine Adverse Event Reporting System \(VAERS\). Only inmate adverse drug reactions are required to be reported through the BOP Events dashboard and P&T.](#)

Do we need to have the Clinical Director to place a standing order for the vaccination in VAMS? [No](#)

Do you have to use the same manufacturer for each dose? [The same manufacturer must be used for each dose \(i.e. you cannot use Pfizer then Moderna for the second dose on the same patient\).](#)

If an inmate or staff member misses the second dose, what is the grace period? [The Pfizer vaccine should be administered within a grace period of  \$\leq 4\$  days \(i.e. between day 17 and 21\). If the second dose is administered earlier than day 17, it does not need to be repeated. If more than 21 days have elapsed since the first dose, the second dose should be given at the earliest opportunity; the series does not need to be repeated. All efforts should be made by all staff to make appropriate arrangements to ensure both doses are administered within the required time frame.](#)

Does the day of vaccination count for "Day 0" or "Day 1" of the series to receive vaccine two? Example: Vaccination December 1st with Pfizer product, return December 21st or 22nd for second dose? [In the example listed first dose on Tuesday December 1, the second dose would be Tuesday December 22. The amount of flexibility, if any, in this sequence has not been released yet and is expected to be contained in the EUA.](#)



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## **Allocations & Ordering**

Should we order the first and second doses of Moderna vaccine at the same time or should we request separate shipments? **The Moderna vaccine is given 28 days apart and is only stable for 30 days in the refrigerator so you cannot order both doses at the same time.**

**UPDATED 11-2-21** – Can I still request vaccine through the CFAD? **Yes, institutions may continue to request vaccine quantities from CFAD per the normal distribution schedule. When requestin, please specify number of vials requested. Please contact CAPT Crockett for direct shipments of large quantities and the CFAD for micro-distributions.**

**UPDATED 11-2-21** – When vaccine is shipped to my institution, will the supply for the second dose be sent in a specific schedule after the first allotment? Or will it all be sent in the same batch? **If an institution has requested a shipment for micro-distribution through CFAD, the institution is responsible for requesting the second dose.**

What should we do if we have remaining vaccine even after offering to all staff and inmates? **VPOCs will be responsible for consistently updating (up to daily updates) vaccine inventories for the Central Office to review. If it looks like there will be vaccine remaining Central Office will send instructions on how to handle the remaining vaccine.**

*This is a compilation of Q&A from the trainings that have been held, questions that have come in from COVID19questions@bop.gov, and elsewhere. Questions that are new or updated from previous versions have been highlighted.*

## General:

Does Sallyport have any handouts for Staff and Inmate Vaccine information yet? [Staff and inmate posters as well as links to CDC vaccination resources are available on the Sallyport COVID-19 information page.](#)

Can we get the BOP color vaccine poster in Spanish also? [Spanish versions have been completed and posted to Trulincs and Sallyport.](#)

Is there any potential liability issues with the BOP giving experimental vaccines? [Liability is the same as any other vaccine we administer. Medication authorized under an EUA may be used on the U.S. population under the guidance of the EUA. It is not considered experimental, does not require additional review, and does not require P&T reporting.](#)

Are we using FedEx or UPS for the shipment of vaccine? [Depends on where you are in the country.](#)

**UPDATED 11-2-21** - After the inmates receive the vaccine, will they still have to go into quarantine after day trips for medical? [Refer to the BOP Pandemic Plan Module 6. Inmate Movement for guidance on inmate movement dependent upon vaccination status.](#)

Can we offer US Marshals Service or other high-risk first responders vaccine if we have extra doses left over? [The BOP is not authorized to provide COVID-19 vaccine to anyone other than BOP employees and inmates in BOP-managed institutions. US Marshals should be directed back through their chain of command to determine how they will receive the vaccine.](#)